



APPLICATION SPECIAL USE PERMIT

sup 2009-0031

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership ☐ Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1024 CAMERON STREET
TAX MAP REFERENCE: 064-03-07-03 ZONE: CD

APPLICANT

Name: CATERING RESOURCES, LLC
Address: 518 TIMBER LANE, FALLS CHURCH, VA 22046

PROPERTY OWNER

Name: DR. JIM DARR
Address: 3201 WISCONSIN AVE WASHINGTON DC 20006
SITE USE: NA

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

ROBERT TRUELOVE
Print Name of Applicant or Agent
518 TIMBER LANE
Mailing/Street Address
FALLS CHURCH VA 22046
City and State Zip Code

[Signature] 6/4/09
Signature
703 727 0750
Telephone # Fax #
ROBERT@CATERINGRESOURCES.COM
Email address

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____

Fee Paid: \$ _____
ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2005-0123

Date approved: 12 / 27 / 2005
month day year

Name of applicant on most recent special use permit KING KABOB OF VIRGINIA, LLC

Use RESTAURANT

2. Describe below the nature of the existing operation in detail so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

PREVIOUS OPERATION IS NOW CLOSED, BUT FROM ALL INDICATIONS
IT WAS BEING OPERATED AS A DINE-IN AND CARRYOUT OPERATIONS
THAT INCLUDED BEER AND WINE SERVED ON PREMISES.

ALTHOUGH IT IS DIFFICULT TO DISCERN THE VOLUME OF PATRONS
SERVED OR THE EXACT NUMBER OF EMPLOYEES INVOLVED IN THE
OPERATION, BASED ON THE SIZE OF THE FACILITY, LOCATION AND
PARKING AVAILABILITY IT WOULD SEEM REASONABLE TO CONCLUDE
THAT PATRONS NUMBERED BETWEEN 50-100 DAILY, AND EMPLOYEES
NUMBERED BETWEEN 4-6 AT ANY GIVEN TIME.

PARKING IS LIMITED TO ADJACENT ON STREET PARKING AND A
PUBLIC GARAGE APPROXIMATELY 1/2 BLOCK AWAY.

3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

THE ONLY SIGNIFICANT CHANGE TO THE NATURE OF OPERATIONS WILL BE THE MENU OR TYPE OF FOOD SERVED. THE PREVIOUS OPERATION WAS A KABAIB RESTAURANT, WHILE OUR PROPOSED OPERATION WILL SERVE TRADITIONAL AMERICAN AND REGIONAL FARE.

WE DO NOT FORESEE ANY SIGNIFICANT VARIANCE IN THE NUMBER OF PATRONS SERVED OR THE NUMBER OF EMPLOYEES INVOLVED. MOST, IF NOT ALL OF OUR EMPLOYEES WOULD USE PUBLIC TRANSPORTATION SUCH AS METRO TRAINS OR BUSES.

4. Is the use currently open for business? ☐ Yes ☒ No

If the use is closed, provide the date closed.

08 / 1 / 07
month day year

5. Describe any proposed changes to the conditions of the special use permit:

N/A

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. Will there be any renovations or new equipment for the business? ☐ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? ☐ Yes ☒ No

If yes, describe proposed changes:

10. **Is off-street parking provided for your employees?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

11. **Is off-street parking provided for your customers?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

12. **Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

13. **Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. **Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

2,800 sq ft

2,800 sq ft

15. **The applicant is the** (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. **The applicant is the** (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

CATERING RESOURCES, LLC IS OWNED ENTIRELY BY:
ROBERT TRAVELORE, 518 TIMBER LANE, FAULS CHURCH,
VA 22046